

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. *98453* Office of Registrar of Vital Statistics. Ward *17<sup>th</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *March 15 1887*

Full Name of Deceased, *Mary C. Bailey*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, *Female*  
{ Cross out the word not required in this line. }

Age, *57* Years, *0* Months, *0* Days.

Color, *Charles County Md White*

Married, Single, Widow or Widower, *Single*  
{ Cross out the words not required in this line. }

Occupation, *None*

Birth Place, *Born in Charles County Md*  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, *8 Years*

Place of Death, *285 Dorset alley*  
{ Give Street and Number. }

Cause of Death, *Pleuro-Pneumonia*  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, *8 Days*

All the above information should be furnished by the Physician.

Place of Burial, *Cedar Hill*

Date of Burial, *March 8<sup>th</sup> 1887*

Undertaker, *Barnes & Hale* *O. A. Cooke* M. D.

Place of Business, *115 West St* Address, *1024 Fort av*  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



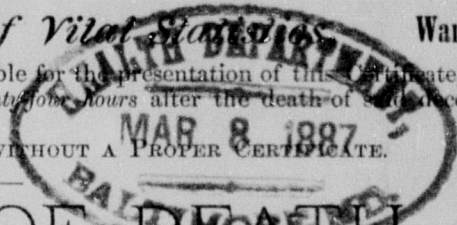
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98454 Office of Registrar of Vital Statistics Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 7 1887

Full Name of Deceased, Wm Robert {Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, Male {Cross out the word not required in this line.}

Age, 30 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, Single {Cross out the words not required in this line.}

Occupation, Clock Pa

Birth Place, Pa {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 26 years

Place of Death, City Hospital {Give Street and Number.}

Cause of Death, Emphysema {First (Primary),}  
Heart Failure {Second (Immediate),}

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9/87

Undertaker, Denny & Mitchell William D. Linder M. D. Medical Attendant.

Place of Business, 550 W. Fayette Address, City Hospital

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[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98453 Office of Registrar of Vital Statistics.

Ward 17<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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### CERTIFICATE OF DEATH.

Date of Death, March 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Dare

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 23 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Mulatto

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Washer & Ironer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Calvert County Md

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give Street and Number. } 11 Goodman's Alley

Cause of Death, { First (Primary), Second (Immediate), } Confinement  
Peritonitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 10/87

Undertaker, A. Ross

Place of Business, Conway St Address, Southern Dispensary

John Hall M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98456 Office of Registrar of Vital Statistics Ward 12

The Physician who attended any person in a last illness, is responsible, for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 7<sup>th</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary F. Nicodemus

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 29 Years, 11 Months, 8 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt City

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 1223 Linden Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, March 9<sup>th</sup> 1887

Undertaker, Stewart & Mewen Medical Attendant, St Clinton McKim M. D.

Place of Business, 35 Park Ave Address, 612 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98457

Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Franklin Elmer Curtis

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, Years, 14 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 192. N. Bond St 'Old Market'

Cause of Death, { First (Primary), Second (Immediate), } Congestion of the Lung  
Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bayridge Harford County Md

Date of Burial, March 9<sup>th</sup> 1887

Undertaker, Henry W. Means

Place of Business, #413 E. Fayette St Address, 137 Alameda M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132, Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98458 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

## CERTIFICATE OF DEATH.

Date of Death, March 8 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Minnie Ann Harvey

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, One Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } N 66 Weyeth St.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give Street and Number. } N 66 Weyeth St.

Cause of Death, { First (Primary), Second (Immediate), } Septicemia  
Inf. of Brain

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wm. Oliver

Date of Burial, Mar. 10<sup>th</sup> / 1887

Undertaker, M. Capoguan Medical Attendant, Wm. H. Alderdice M. D.

Place of Business, 227 Mulberry St. Address, Columbia Point Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No. 702707  
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98459

Office of Registrar of Vital Statistics

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 5 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Henson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, one Months, Days

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Harford Co. Md.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give Street and Number. }

No 722 Sterling St.

Cause of Death, { First (Primary), Second (Immediate), }

Asphyxia (accidental suffocation)

Duration of Last Sickness, 3-5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 8 1887

Undertaker, William S. Dungee

Alex. Hill M. D.

Medical Attendant.

Place of Business, 150 East St.

Address, 43 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98460 Office of Registrar of Vital Statistics.

Ward 4<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Mar. 5 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Valentine

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 75 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation, factory work (Lobach House)

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 48 years -

Place of Death, { Give Street and Number. } 426 E. Lombard (old no)

Cause of Death, { First (Primary), Second (Immediate), } Paralysis Heart  
asthma

Duration of Last Sickness, one week (with Bronchitis)

All the above information should be furnished by the Physician.

Place of Burial, Greenleaf Cemetery

Date of Burial, March 4<sup>th</sup>

{ Undertaker, Fred. Gaele

{ Place of Business, 1028 S. Caroline St Address, 403. N. E. St

D. Smith

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



...and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98461 Office of Registrar of Vital Statistics. Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, March 7

Full Name of Deceased, Henry Clay Daham { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Judge

Birth Place, Bald Head Co. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 269 North Eutan near Biddle St. { Give Street and Number. }

Cause of Death, Bright's disease  
{ First (Primary), \_\_\_\_\_  
Second (Immediate), \_\_\_\_\_ }

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 9<sup>th</sup> 1887

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Sanatoga St. Address, 1008 Madison Ave

J. M. Wilson M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH-DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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# Health Department, City of Baltimore.

Permit No. 98462 Office of Registrar of Vital Statistics. Ward 3<sup>rd</sup>

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 6<sup>th</sup> March 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Emery

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Sturgeon

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maine

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 204 1/2 E. Lombard

Cause of Death, { First (Primary), Second (Immediate), } Bright's disease  
uraemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 9<sup>th</sup> 1887

{ Undertaker, H. A. Dwyer } C. P. Rhoads M. D.  
Place of Business, 229 S. Broadway Address, 1835 E. Baltimore  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]